

*Town of Newport*

226 N. James Street  
Newport, DE 19804  
(302)994-6403 / (302)996-0214 - fax

*Business License Application*  
*2019*

NAME AND ADDRESS OF BUSINESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

Fee: \_\_\_\_\_

Penalty: \_\_\_\_\_

Total: \_\_\_\_\_

I declare under penalty of making a false certificate that this return is made by me, that I am authorized to make such a return and that to the best of my knowledge it is a true, correct and complete return, made in good faith for the year stated pursuant to the provisions of the License of Ordinance of the Town of Newport.

\_\_\_\_\_  
Signature (Owner-Officer-Partner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_/\_\_\_\_\_  
Phone/Fax number

